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Item 4 (a) of the provisional agenda*

Country programme document

Algeria

Summary

The country programme document (CPD) for Algeria is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes an aggregate indicative budget of $5,928,000 from regular resources, subject to the availability of funds, and $8,026,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. Algeria is an upper-middle-income country, which ranks 93rd out of 187 countries in the 2014 Human Development Index.[1] After a period of slowdown, population growth accelerated from 2008, bringing the total population to almost 39.1 million people in 2014,[2] 37 per cent (14.3 million) of them children and adolescents. The urban population represents 85 per cent of the total population.[3] This accelerated population growth is likely to continue in the short and medium term due to an increased fertility rate[4] over recent years, currently resulting in more than 1 million live births per year.

2. Since the country's independence, the Algerian Government has maintained a firm commitment to a social contract focused on human development and on significant investments in the redistribution of national resources. Such commitment translated throughout the years into wide-ranging social transfer and subsidy schemes that today represent today more than 25 per cent of government expenditure, as well as through significant funding for national education (15 per cent of public expenditure) and health (8 per cent). Such investments have had an extremely positive impact on social development, reflected in the fact that the Government should meet, or even exceed, almost all the Millennium Development Goals. However, despite significant progress in reducing the maternal mortality ratio, from 215 to 66.4 per 100,000 live births between 1990 and 2013,[5] the country needs to make further efforts to reach the ratio that would allow it to achieve Millennium Development Goal 5, which would be 57 per 100,000 live births.

3. Despite the positive results previously mentioned, particularly given the scale of the underlying logistical and financial challenges to human development in a country that is now the largest in Africa by area. However, the results hide a more complex social reality, with substantial disparities in terms of access to and quality of social service provision. These disparities primarily affect the southern and highland regions, vulnerable populations living in urban and semi-urban areas, and particular categories of children with specific needs, especially those with disabilities. The Sahrawi refugees, who have been living in harsh conditions in the camps around Tindouf (south-west Algeria) for nearly 40 years, are also considered one of the most vulnerable populations.

4. Such disparities are due to structural factors linked to the country's geography, as well as to institutional and sociocultural factors. The fragility of information systems and monitoring and evaluation systems induces challenges to rational planning and proper management of mother and child-focused programmes. As a result, the quality and level of access to social services do not meet the required standards nor do they reflect the depth of government's investment in such areas. Despite the country's large body of statistics on the situation of mothers and children, the data available are not always broken down by region, gender or income quintile. However, analysis of administrative statistical data and the 2013 Multiple

[1] Human Development Index 2014.
[2] Population of Algeria (National Office of Statistics, ONS).
[3] General population census (ONS, 2008).
[4] Fertility rate: 3.02 children per woman (ONS, 2014).
[5] National administrative data.

Indicator Cluster Survey (MICS 4) results highlight a number of vulnerability factors specific to mothers and children in various sectors.

5. Significant strengthening of service provision in the health sector, particularly in terms of infrastructure and facilities, greatly helped national efforts in reducing infant mortality to 21.4 per 1,000 live births.[6] However, this progress is insufficient in light of the delay in reducing neonatal mortality, which now accounts for 70 per cent of infant mortality. The causes include: insufficient integration of care for newborns into pregnancy and childbirth management; lack of comprehensive perinatal management leading to frequently delayed transfers in case of complications; and limited neonatal care provision, particularly in terms of neonatal resuscitation and prevention of avoidable disabilities.

6. Budgetary efforts in the education sector have also served to improve educational provision, addressing the challenges of providing education for all, meeting Millennium Development Goal 2 and ensuring a significant increase in access to preparatory education for children aged 5 to 6 years. In 2012-2013, net attendance in primary education reached 97.4 per cent,[7] almost equal for boys and girls, and this draft country programme of cooperation envisages a range of efforts to ensure that all children attend and remain in school until the age of 16. In 2014, nearly 494,000 children aged 6 to 16 years did not attend school,[8] primarily in disadvantaged regions, large urban centres and deprived families. Furthermore, a recent study[9] of children not attending school and those at risk of dropping out highlighted that nearly 500,000 pupils may leave the school system without attending secondary education (*lycée*). Factors underlying these challenges are: a growing need for continuous, specialized training for teachers and school principals; a lack of opportunity for reintegration of out-of-school children into the educational system or for professional training for older ones; and limited access to preschool education for children aged 3 to 5 years.

7. The country has also made commendable efforts in terms of integrated early childhood care and development for children aged 0 to 6 years, notably in health care, with measles vaccination rates above 90 per cent.[10] However, progress is still needed in a number of areas. Today only 25 per cent of babies under 6 months benefit from exclusive breastfeeding, whereas this proportion was more than 80 per cent at the start of the 1990s,[11] and inadequate feeding practices induce delayed growth in 11.7 per cent of children aged under 5 years (MICS 4). Although more than 50 per cent of children aged 5 years attend customized preparatory classes managed by the Ministry of National Education, only 16.6 per cent of children aged 3 and 4 years attend preschool establishments, with marked inequalities between regions and between income quintiles. This gap in service provision is caused by the fragmentation of mandates and interventions within different ministries, as well as by the challenges arising from the coordination of multisectoral service provision.

8. In the area of child protection, a Bill to improve protection measures for children at risk and those in conflict with the law was presented to the Council of

[6] MICS 4 (2013).
[7] MICS 4 (2013).
[8] Study by the Global Initiative on Out-of-School Children (OOSCI, 2014).
[9] Ibid.
[10] MICS 4 (2013).
[11] Ibid.

Ministers in 2014. This should help to strengthen systemic issues identified in relation to children at risk. Indeed, children at risk or in conflict with the law remain a major concern, as underlined by the 2014 census by the security services, which listed 6,231 assaults on children, 256 abductions, 14 homicides and 6,836 children in conflict with the law.[12] Although the lack of a mechanism for systematic reporting of cases of violence against children means that a breakdown of data is not possible, MICS 4 indicates that 86 per cent of children aged 2 to 14 years are victims of corporal punishment or psychological abuse,[13] with no significant differences between regions, social backgrounds or gender. The main challenges for the sector are the need to strengthen the coherence between intersectoral mechanisms to prevent and report violence against children, and to consolidate quality standards for case management, prevention and management of child protection services.

9. The almost 11 million adolescents and young people (aged 15 to 29 years) face many challenges, often resulting from a difficult transition between school or professional training and entry into the labour market. Bottlenecks in this sector result in service provision for young people that does not meet their expectations and a lack of knowledge among adolescents and young people of their rights and opportunities for constructive participation in their communities.

10. The Government of Algeria continues to provide substantial social transfers in the form of subsidies for basic goods and energy products, as well as many non-contributory sectoral social transfers, which play an important role in supporting the most vulnerable children and families. However, there are two remaining issues to consider. The first concerns the lack of consistency in the targeting and management of these transfers, inducing high transaction costs and a social safety net in need of improvement. The second relates to the unclear sustainability of these transfers if the reduction in oil prices continues over the medium and long term. Revenue from oil products represents 70 per cent of government revenue. Such a reduction in oil prices, if sustained in the long term, could make it difficult to maintain the subsidies and social transfers at existing levels, and make it harder for the country to implement the 2012 recommendations from the Committee on the Rights of the Child. The Committee had recommended increasing social sector budgets, speeding up the review of sectoral policies and legal and regulatory frameworks that perpetuate discrimination against children, and adapting the national information system so the data collected would aid analysis of progress achieved. Other recommendations related to the creation of coordination mechanisms to strengthen integration between programmes.

11. Children may also be exposed to risks in relation to natural disasters such as earthquakes and floods. Although Algeria has so far experienced few impacts from climate change, the country has made considerable efforts to greatly increase its water storage capacity. It has also introduced risk reduction programmes, in partnership with UNICEF, particularly for schools located in the areas most at risk.

12. In terms of lessons learned, two strategies implemented as part of the previous programme of cooperation, 2012-2015, could enlighten and inform implementation choices for the forthcoming programme. The first was the use of the analysis tool for bottlenecks — the Monitoring Results for Equity System (MoRES) — in relation

[12] Directorate General for National Security (DGSN) data (2014).
[13] MICS 4 (2013).

to maternal mortality. This proved a useful aid to developing a national action plan to accelerate the reduction of maternal mortality. The same approach will be used to carry out an analysis of neonatal mortality, as part of the forthcoming programme of cooperation. Experience gained through the previous programme also underlined the importance of advocacy and communication about child rights to the general public, to encourage ownership and use of child rights and equity approaches. This type of approach proved particularly successful in the #ENDviolence campaign, which prompted an instant commitment from the Algerian population and its Government. The Government subsequently brought the campaign to the United Nations Human Rights Council in order to champion it in the international arena.

13. In light of the preceding analysis and given the country's economic status, the programme of cooperation will focus on areas in which UNICEF has genuine comparative advantages: the capacity to support partners to effectively address the bottlenecks that perpetuate disparities between children; and the capacity to produce factual data that can be directly used by decision makers and ultimately help partners to translate these data into policies, strategies and results for children.

Programme priorities and partnerships

14. The country programme 2016-2020 will support the efforts made by the Government to allow all Algerian children to fully exercise their rights to survival, development, protection and participation, and to provide them with inclusive, high quality social services to support them in reaching their full potential. Anticipating a number of themes addressed by intergovernmental discussions on the Sustainable Development Goals, particular attention will be given to the collection and analysis of national data that facilitates a better understanding of the disparities between children and adolescents in inclusive access to high quality social services, depending on their gender, age, geographical location, disability status or socioeconomic conditions.

15. The content of the country programme is closely aligned with the five-year National Development Plan's priority focus areas, as presented to Parliament following the presidential election in 2014. The country programme's interventions fall primarily into the following categories: reform of the major social sectors, efforts to improve funding and public expenditure in the social sectors, and actions to promote human development through improving the quality of services in the sectors of education, child protection, social protection, health care and national solidarity.

16. The content of the country programme is also closely aligned with the Strategic Cooperation Framework (CdCs) proposed outcomes for 2016-2020, agreed upon by United Nations agencies and national partners. In particular, the country programme will contribute to the "social development" related outcome, which states that "by 2020, the population is provided with improved, inclusive and equitable access to high quality social services".

Child development and education

17. While Algeria has almost achieved universal attendance in primary education, recent studies have highlighted that access to early childhood development services for children 0-5 years old is still limited. They have also shown that the education

sector still faces challenges in attracting and keeping all school-age children in school until the age of 16, especially in some regions of the country. In light of this context, the "child development and education" component will contribute to efforts by Algeria to ensure that by 2020, children aged 0 to 16 years, especially those living in provinces reflecting disparities, have improved access to high quality maternal and neonatal health services, and equal educational and developmental opportunities and services. This will be done in close collaboration with the Ministries of National Education, Health Population and Hospital Reform, Religious Affairs and Endowments and other actors working in the sector, notably the United Nations Educational, Scientific and Cultural Organization and the World Health Organization.

18. The "integrated early childhood development (IECD)" sub-component will support efforts made by the country in recent months through the development of the first national IECD strategy. The first set of interventions will support the country's commitment to the A Promise Renewed initiative, by developing a national plan to accelerate a reduction in neonatal mortality and providing behaviour change communication to improve health and nutritional care for infants and young children (aged 0-3 years). The second set of interventions will help to improve access for children aged 3-5 years to quality early childhood development services, as planned in the latest national strategy. The support will notably focus on the development and dissemination of tailored models for preschool care at the community and decentralized levels.

19. The "out of school children" sub-component will contribute to national efforts to reduce the incidence of school dropout. It will aim to introduce communication and prevention strategies to improve access to and retention in school for all school-age Algerian children, and to limit dropout in order to keep as many children and adolescents as possible in the educational system until the age of 16. These interventions will be targeted and will focus on the provinces with the highest numbers of children out of school. For those who have dropped out, the programme will work with the Ministry of Education and the Ministry of Professional Training and Education to strengthen mechanisms for cross-sectoral coordination, providing the children with new opportunities for reintegration into various forms of schooling, such as "catch up classes", distance learning and support for vocational and technical training.

20. The "school governance" sub-component will support national efforts to improve the institutional environment of the education system, to make education provision more widely available and to improve access to high quality education through extending decentralization policies that encourage management and monitoring of data at school level. To this end, the country programme will support the Ministry of Education in upgrading its statistical information system to an effective decision-making tool. This will enable local officials to address school dropout effectively and in real time, and will enable decision makers at the central and provincial levels to develop and pilot action plans to prevent and combat school dropout. The country programme will also help the Ministry to promote participatory governance models involving parent and pupil committees, which will also aim to reduce violence against and among children.

Child protection and participation

21. The rapid social changes affecting Algerian society (such as accelerated population growth and urbanization) have made children much more vulnerable to violence and harmful behaviours. The "child protection and participation" component will support the country's efforts to ensure that children and adolescents have equal access to improved protection, in the form of prevention and management of vulnerability resulting from violence, and ensure they can actively participate in matters of social and political life that affect them. This component will be implemented in close collaboration with institutional partners that have daily involvement in child protection and participation. These will include the Ministries of National Solidarity, the Interior and Local Government, Family and Women's Affairs; Justice; and Youth and Sports, as well as a number of partners from civil society and the United Nations (the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the United Nations Population Fund (UNFPA).

22. The "institutional strengthening" sub-component will contribute to national efforts to improve the institutional environment for child protection, to ensure greater effectiveness of protection services and better coordination of the accompanying multisectoral response. The programme will support the relevant ministries in revising the national legal and regulatory frameworks in order to prioritize the best interests of the child, consistent with the international commitments made by Algeria. The programme will help the Ministry of National Solidarity to review the mechanisms for preparing and implementing budgets for protection services, and to generate knowledge on causes and problems relating to child protection and the low level of participation by children. It will also help the Ministry to improve coordination mechanisms and review systems for collecting and processing statistical information.

23. The "improving child protection services" sub-component will support national efforts to improve access to and utilization of cross-sectoral child protection services throughout the country. The programme will help the Ministries of National Solidarity, Justice and the Interior to identify good practices in prevention and child protection support systems that may be extended on a national scale. There will be a particular focus on alternatives to detention and on mediation practices. There will also be a focus on introducing a referral system for reporting, and providing a structured and systematic response to violence against children, as well as on developing and implementing new operational standards for institutions working with vulnerable or at-risk children. Finally, the programme will support model interventions designed to give young people opportunities for civic participation.

24. The "social norms and participation" sub-component will contribute to national efforts to improve the behaviours of communities, families and children, and their awareness of norms in relation to child protection and the prevention of violence and abuse. Support will be provided through the following actions: use of behaviour change communication to eliminate inappropriate practices and to promote positive social norms and practices that encourage the protection and participation of children and adolescents; increased use of new technologies to disseminate knowledge in relation to participation and protection, as well as information about the locations and respective services provided by centres

established by various institutional partners (or by civil society) to meet social demand. The Ministry of Youth will also be supported to better identify the needs and expectations of young people regarding the services provided by youth-centred institutions throughout the country, and to consider participatory management practices that could be adopted to encourage optimal participation by young people in these centres and, potentially, in their management and daily programming.

Social inclusion

25. It is vital to pre-empt the budgetary trade-offs that may be detrimental to child-focussed programmes — especially those benefiting the most disadvantaged children — given continuing constrained global economic growth and low oil prices that may reduce national revenue. In order to contain this situation and maintain growth in budgets for social programmes, the "social inclusion" component will support efforts to institutionalize mechanisms for identifying inequalities in access to high quality social services for all and causal links that could explain lasting disparities. This component will also support efforts to improve targeting mechanisms and the efficiency of social transfers for the most disadvantaged children, to support more effective social protection. This component will be implemented in close collaboration with institutional partners that have daily involvement in child protection and participation. These are the Ministries of National Solidarity, Justice and the Interior, the National Economic and Social Council (CNES) and a number of partners from civil society and the United Nations (the International Labour Organization (ILO), UNFPA and UN-Women).

26. The "social equality" sub-component will support quantitative and qualitative improvements in the production and dissemination of data, so decision makers can use the data to revise social development strategies and plans to make them more inclusive and more supportive of children. Support will be provided to the CNES in launching a national equity observatory. Algeria will also benefit from technical expertise from Mexico, through a strengthening of the emerging UNICEF-supported South-South cooperation between the two countries. This will involve sharing skills, good practices and proven methodologies for effective monitoring and evaluation of public policies on society. Other opportunities for intergovernmental cooperation and exchange may be explored in support of this sub-component's objectives.

27. The sub-component "child centred social protection" will support improvements in the effectiveness and efficiency of existing targeting and social transfers for the most disadvantaged children. This will include facilitating the sharing of experiences between national and international bodies in the context of South-South cooperation, in particular drawing on the experience of Brazil or other relevant country experiences. This component of the programme will be implemented in collaboration with other United Nations agencies and multilateral organizations, in particular ILO and the World Bank.

Emergencies and humanitarian situations

28. The country programme will continue work to reduce major risks around school facilities, aiming to give pupils and teachers a better understanding of protective practices in the event of an earthquake. UNICEF Algeria will also continue its support for the refugee populations around Tindouf, in partnership with United Nations agencies, and will help local partners to provide basic social services

in the areas of health, education and protection. There will be a particular focus on capacity-building for resilience among the targeted beneficiary populations.

Cross-sectoral component

29. The cross-sectoral component will cover operational costs common to all programmes, such as rent and travel, and cross-sectoral human resource costs for security and support staff.

30. The country programme will use several strategies to achieve results. Institutional support, together with the generation of disaggregated data in areas of national solidarity, neonatal health, education and youth sectors, will build the skills of national partners and improve the quality of services provided to children. In education, the introduction of new technologies for information management will enable national and provincial authorities, as well as school principals, to provide better performance monitoring for the education system and to be responsive in implementing corrective measures. Drawing on South-South cooperation in the field of social protection will help to introduce relevant models to the country, to improve the effectiveness of social transfers targeting children.

31. The programme will be implemented in conjunction with: Ministries of Education, National Solidarity, Youth, Justice, Health, the Interior, and Religious Affairs, CNES and various ministerial departments involved in budget planning and mobilization. There will be strengthened partnerships with Parliament and civil society organizations around child participation and monitoring of the situation of children. Consideration will also be given to developing partnerships with bilateral or multilateral agencies working in Algeria, such as the African Development Bank, the European Commission and the World Bank. Partnerships with United Nations agencies will be strengthened by capitalizing on programme initiatives such as combating maternal and infant mortality and monitoring disparities. The emerging partnership with the private sector will be strengthened around themes such as combating violence against children and seeking funding to extend activities and projects at the local level.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child development and education	1 400	5 350	6 750
Child protection and participation	1 828	1 076	2 904
Social inclusion	1 400	1 200	2 600
Cross-sectoral component	1 300	400	1 700
Total	**5 928**	**8 026**	**13 954**

Programme and risk management

32. Under the leadership of the Government and the United Nations Resident Coordinator, UNICEF Algeria was an active participant in the development of the Strategic Development Framework 2016-2020, based on elements of the Delivering

as One (DaO) approach (although Algeria is not currently a DaO pilot country). In this context, UNICEF provides coordination of the social development group. It is anticipated that these working groups will be institutionalized, becoming a mechanism for monitoring implementation of the CdCs and a forum that will facilitate synergies and be a catalyst for agencies' programme interventions. UNICEF will monitor its implementation as envisaged by the CdCs steering mechanism.

Expected opportunities and risks in relation to the intended impacts of the country programme

33. Considering its geographic location, two notable risks for Algeria include the ever-present risk of a sudden deterioration in the security or humanitarian situation in the sub-region, or the sudden onset of a natural disaster, in particular an earthquake. Either of these would entail a sudden increase in urgent humanitarian needs. However, Algeria does have national response bodies with significant capacity. UNICEF Algeria will therefore regularly review the relevance of its emergency preparedness and response plan, based on the civil protection response mechanisms prepared by the Algerian authorities.

34. The current budgetary pressure linked to low oil prices, and its impact on national budget stability, are not a risk to national investments in the social sectors, due to the country's significant financial reserves. They, however, represent an opportunity for a thorough review of the adequacy and efficiency of current social transfers and options to achieve better targeting of these transfers towards the country's most vulnerable populations.

35. To this end, national partners will be closely involved in implementation, results-based management will be systematically applied, and the aid effectiveness principles outlined in the Paris Declaration and Accra Agenda for Action will be observed.

36. The programme will also ensure that approaches such as the harmonized approach to cash transfers, joint monitoring mechanisms and other relevant working groups designed to increase inter-agency collaboration and effectiveness are applied.

37. Implementation of these measures will be monitored by the UNICEF Algeria country management team. General coordination will be provided by the Ministry of Foreign Affairs. UNICEF and its partners will prepare joint workplans, which will be reviewed at technical meetings and during the mid-term review. Details of the technical arrangements for these processes are provided in the country programme action plan. The results of these processes will inform United Nations reviews to assess CdCs implementation.

38. This country programme document outlines the UNICEF contribution to support the efforts made by Algeria to promote human development while tackling disparities, discrimination and violence. It details the priority areas chosen for cooperation, focusing on the most vulnerable children, and the level of technical and financial support needed. It serves as a core document to allow the Executive Board to assess the expected outcomes of the cooperation between UNICEF and the Government of Algeria.

Monitoring and evaluation

39. In keeping with CdCs 2016-2020, many elements of this programme are intended to build national capacity in collection, processing and analysis of statistical data on children in Algeria. Various intervention strategies will be used such as: use of new technologies to strengthen management systems in the education sector; greater use MoRES to analyse bottlenecks in neonatal mortality, and improved effectiveness of child protection services at the decentralized level; and support for the creation and operation of the planned national observatory for equity monitoring and the teams responsible for providing the partner ministries with statistical information on the creation and dissemination of disaggregated equity-focused data. The next household survey (MICS 6) planned in 2017, will provide an updated analysis of the situation of children and women.

40. The programmes implemented by UNICEF and its partners will be regularly monitored, supported by annual reviews of progress and constraints with implementing partners. A mid-term review, planned for summer of 2018, will also allow UNICEF and the Government of Algeria to take stock of results achieved, and, if necessary, make adjustments in terms of expected outcomes and programme priorities. Evaluations of certain elements of the programme of cooperation will gauge the effectiveness and relevance of the various sub-programme components, for a clearer view of the adjustments needed at mid-term or at the end of the programme. Three evaluations are planned: (a) effectiveness and relevance of decentralized preschool provision models; (b) effectiveness and relevance of the social inclusion programme; and (c) results and actual impact of all UNICEF programmes in Algeria.

Annex

Results and resources framework

Algeria-UNICEF country programme of cooperation, 2016-2020

Relevant articles of the Convention on the Rights of the Child: Articles 2-3 6, 8-10, 12, 17, 19, 22, 26-29, 35, 40.
National priorities: • Advance the quality of human development in the education, training and health sectors, taking into account the rights of poorer people and those with specific needs. • Improve access to high quality social services and to social protection, especially for vulnerable groups (women, children, elderly people and children with disabilities).
CdCs (UNDAF) outcomes involving UNICEF: **The population has improved access to inclusive, equitable, high quality social services by 2020.** Education 1) Rate of early school leaving (children under 16 years): Baseline: 3.7% (girls: 3.1%); Target: 2.7% 2) Success rate at official examinations: Baccalaureate: Baseline: 47.19%; Target: 67% 3) Number of projects including a literacy aspect: Baseline: 1; Target: 3 Health 1) Surveillance system for maternal deaths in place: Baseline: No; Target: Yes 2) Maternal mortality ratio: Baseline: 63.6/100 000; Target: 57/100 000 3) Infant mortality rate: Baseline: 22% (boys: 23.5%; girls: 20.4%); Target: to be confirmed 4) Prevalence of cardiovascular disease: Baseline: 26.1; Target: 20% Social protection 1) Percentage of beneficiaries removed during review of the register for flat-rate solidarity allowance: Baseline: 56.5%; Target: 20%
UNICEF Strategic Plan 2014-2017 Outcomes: 1. Health 5. Education 6. Child protection 7. Social Inclusion

UNICEF outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outcomes	Major partners, partnership frameworks	Indicative resources by country programme outcome: Regular resources (RR) Other resources (OR) *(In thousands of US dollars)*		
					RR	OR	Total
Child development and education Improved care and learning opportunities promoting the survival, development and inclusion of children, especially those living in regions with high inequalities	**1) Percentage of children aged 36 to 59 months registered with a preschool learning programme** Baseline: National: 17% Central highland regions: 6% Quintiles Poor: 7% Rich: 31% (national level) Target: 25% by 2020 **2) Neonatal mortality** Baseline: 16/1,000 Central highland regions: 21/1,000 Target: 13/1,000 **3) Percentage of children aged 6 to 14 years outside the school system** Baseline: 3% at primary school level 6.5% at lower secondary level Target: less than 2% at primary level and less than 5% at secondary level	MICS 6 Administrative data from Ministry of National Education Out of school children initiative (OOSCI) micro surveys	Outcome 1 Children aged 0 to 5 years have better access to opportunities for care, survival, preschool learning and development. Outcome 2 Vulnerable and excluded children aged 6 to 16 years have increased support in terms of access to education and to high quality learning and professional training opportunities; children are encouraged to continue with their schooling. Outcome 3 The Government has strengthened capacity to legislate, plan and budget, to improve the governance and quality of educational services on a national and local scale.	• Ministry of National Education • Ministry of National Solidarity • Ministry of Professional Training • Ministry of Health	1 400	5 350	6 750

	4) Net rate of school enrolment (6-16 years) Baseline (MICS 4): 93% Target: 96%						
Child protection and participation Strengthened multisectoral prevention and management of cases of violence against girls and boys	**1) Percentage of children aged 1 to 14 years who are victims of violence** Baseline (children aged 2 to 14 years): National: 86% (boys: 88%; girls: 85%) Target: National: 70% **2) Introduction of a multisectoral[1] referral system in certain geographical areas** Baseline: none Target: successful introduction **3) Institutionalization and adoption of the young people's participation model (youth council) promoted by UNICEF, in at least three decentralized locations** Baseline: none Target: at least three recorded mechanisms in place **4) Introduction of alternatives to detention for**	MICS 6 Administrative date from Ministries of National Solidarity and Justice	Outcome 1 The government has strengthened commitment and capacity to legislate, plan and budget to extend prevention and response interventions in the area of child protection. Outcome 2 There are improved standards for the management and quality of prevention and child protection services at national and local levels. Outcome 3 Families and adolescents (both boys and girls) in the most affected regions are better equipped to participate, to protect themselves and to reduce harmful behaviours.	• Ministry of National Solidarity • Ministry of Justice • Ministry of National Education • Ministry of Youth	**RR** 1 828	**OR** 1 076	**Total** 2 904

[1] Effective referral system: a system allowing appropriate identification and referral of cases of violence against children, through definition of the roles and responsibilities of the actors involved, development of standard operating procedures, and creation of referral routes, using training and mentoring.

	children in conflict with the law, in some geographical areas (mediation, community service, parole) Baseline: to be confirmed with qualified representatives of juvenile justice Target: alternatives to detention implemented, in accordance with relevant standard operational procedures and memoranda of understanding, in the relevant geographical areas						
Social inclusion An improved policy environment and social protection for disadvantaged and vulnerable children and adolescents, underpinned by knowledge and data which focus on equality.	**1) Existence of an independent body responsible for monitoring equality and for analysis of multidimensional poverty affecting children.** Baseline: none Target: existence of a functioning observatory for equality	MICS 6 Updated country profile on equality National Office of Statistics	Outcome 1 Strengthened national capacity and skills for the creation of knowledge regarding social equality and multidimensional poverty in children. Outcome 2 Strengthened national capacity for the adoption of child social protection measures which are efficient, effective, inclusive and gender sensitive.	• National Economic and Social council CNES • Ministry of National Solidarity • Ministry of National Education • Ministry of Health	1 400	1 200	2 600
Cross-sectoral component					**1 300**	**400**	**1 700**
Total resources					**5 928**	**8 026**	**13 954**

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Country programme document

Maldives

Summary

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Programme rationale

1. Maldives is a Small Island Developing State (SIDS) with a 2014 population of 399,939, including 58,683 foreigners,[1] which is a 14 per cent increase since the last census in 2006. The country is spread out over 90,000 square kilometres with 188 inhabited islands, making it one of the world's most geographically dispersed countries. According to the 2006 census, children (aged 0-17) represent 39 per cent of the population.[2] The capital city, Malé, accounts for 38 per cent of the total population (census 2014); expatriates account for 13 per cent of the population in Malé. With an average ground level elevation of 1.5 metres above sea level, Maldives is the planet's lowest country, which has significant implications for its future.

2. Maldives graduated to middle-income country status in 2011, having shown remarkable economic growth of almost 6 per cent between 2000 and 2009,[3] largely due to the rapid expansion of tourism. The country attained a gross national income (GNI) per capita of $5,750 in 2012.[4] This growth took place despite the global economic crisis and the 2004 Indian Ocean tsunami. Moreover, by 2008, Maldives had achieved five of the eight Millennium Development Goals ahead of schedule, making it the only "MDG Plus" country in South Asia. The Maldives Human Development Index (MHDI) of 0.688 in 2012 (Maldives Human Development Report, MHDR, 2014), makes it the highest ranking country in South Asia, and 103rd out of 187 countries globally.[5] Despite these impressive developments, the data mask challenges and significant inequalities.

3. The State party Report to the Committee on the Rights of the Child (2012)[6] noted that one of the principal challenges facing the country is the result of numerous changes in Government, mainly due to increased political tensions. This has had a significant impact on the timely passage of important social legislation and delivery of key child-related social services. While the country embarked on a decentralization process in 2010, the intended improvements in the social sectors through devolution of some municipal services to Atoll and Island Councils have not been realized.[7] The graduation to middle-income status has also negatively impacted the public debt portfolio as concessional loans and favourable trade conditions have deteriorated markedly, presenting threats to the country's future development. Additionally, its SIDS profile, geographical dispersion and isolation of small islands, susceptibility to climate change and high vulnerability to natural hazards present the greatest constraints to the country's development and the welfare of its children.

4. While Maldives has made significant strides in social and economic development, this progress has not benefited all Maldivians equally. Disparities in

[1] Population and Housing Census 2014, Preliminary Results, National Bureau of Statistics, Ministry of Finance and Treasury, 13 November 2014.

[2] *Situation of Children in the Republic of Maldives: Secondary analysis of existing information from an equity perspective*, UNICEF, 2013.

[3] *Maldives Human Development Report* (MHDR), 2014, Ministry of Finance and Treasury and UNDP.

[4] *MHDR 2014*.

[5] *MHDR 2014*.

[6] Committee on the Rights of the Child, Fourth and Fifth Periodic Reports, Republic of Maldives, 1 September 2012.

[7] *Study on the Decentralization Process in the Maldives*, UNICEF, 2013.

outcomes for children have several dimensions, including geographic, income, education and age. The main driver of inequality and vulnerability is the population's geographical dispersion. Spatial disparity between Malé and the atolls contributes significantly to the human development gap, mostly in the form of income and education choices. The MHDI for Malé is 0.734 compared with 0.627 for all of the atolls.[8] Malé performs far better in expected and average years of schooling and earnings compared to the atolls. There are also noticeable differences within the regions, for example, in 2009, the poverty ratio in the northern region was 72 per cent compared with the north-central region, 32 per cent.[9]

5. Income disparities are the second most influential driver of inequality. Tourism and connectivity are key drivers in setting income levels,[10] which in turn determine better access to social services. A widening income inequality gap was recorded in Malé (2009-2010), with the richest 10 per cent of households holding almost half of the total income. While overall poverty decreased during the period 1997-2010,[11] the rate of poverty increased for Malé, from 2 per cent in 2003 to 7 per cent in 2010.[12] The decrease in the atolls was primarily as a result of outmigration to Malé for better employment opportunities and improved access to services, mainly education. A critical social inclusion issue is the growing sense of disenfranchisement and exclusion that young Maldivians feel, and the corresponding perception that the country's youth are "idle and disconnected from the fabric of society".[13]

6. Maldives has a fully state-funded universal health insurance programme (as legislated in the 2011 National Health Insurance Scheme Act), which covers the entire population. Despite the achievements of the health-related Millennium Development Goals and significant resources allocated to the health sector, malnutrition among children presents the most critical public health concern. Rates of stunting, underweight and wasting among children under five in 2009 were, respectively, 19 per cent, 17 per cent and 11 per cent. Rates of malnutrition and educational attainment in the north-central region were worse than in Malé. For example, in 2009, stunting rates were 23 per cent versus 16 per cent, wasting more than twice as high (15 per cent versus 7 per cent), and underweight was also more than twice as high (24 per cent versus 11 per cent).[14] Neonatal mortality rates also remain a concern. Other emerging issues include anaemia and obesity, with 6 per cent of children under five and 24 per cent of adolescents obese in 2009.[15] There is also the risk of HIV and AIDS and sexually transmitted infections among young people due to an increase in unsafe sex and risky behaviours. Bottlenecks in the enabling environment include negative social norms and weak monitoring and quality assurance systems. From the demand side, a preference for packaged foods, inadequate child-feeding practices, and, for some, lack of affordable, nutritious food, pose key challenges to proper nutrition. On the supply side, system-wide

[8] *MHDR 2014*.
[9] *Statistics Handbook*, Department of National Planning, Ministry of Finance and Treasury, Maldives 2012.
[10] *MHDR 2014*.
[11] Household and Income Survey, 2012.
[12] Mid-Term Review, Maldives UNICEF country programme, UNICEF 2013.
[13] "Youth in the Maldives: Shaping a new future for young women and men through engagement and empowerment", World Bank, 2014.
[14] Maldives Demographic and Health Survey, 2009.
[15] Ibid.

challenges include capacity gaps among health staff and low quality of services. Further, institutional capacity for coordinated emergency preparedness and response in the health sector is weak.

7. While significant progress has been achieved over the past 15 years in attaining universal primary education (99 per cent) and lower secondary education (82 per cent), there has been a significant reduction in the rate of transition to higher secondary education (24 per cent) in 2014,[16] with major societal implications given the growing number of out-of-school children. The south-central region has the highest mean years of schooling (5.45 years) compared with the north-central (4.21) and southern (3.45) regions.[17] The quality of education remains a critical concern at all levels. National assessments indicate poor learning outcomes at all levels of education. The average pass rate at lower-secondary level is at 47 per cent, with major disparities between Malé (58 per cent) and the regions (30 per cent).[18] Children with disabilities have inadequate access to educational opportunities. In 2014, only 52 out of the 219 schools across the country provided some form of education for children with special needs. Support from UNICEF included establishing a baseline and rolling out an inclusive school curriculum (2014/15), institutionalizing life skills and improving teacher capacity in special education needs.[19] However, supply-related bottlenecks to the achievement of quality education remain. These include weak teaching and learning methodologies, high turnover of secondary schoolteachers, and an ineffective system of ensuring proper hygiene and sanitation, especially as it affects girls. In addition, inadequate resources for emergency preparedness and lack of capacity of school management and teachers to respond is a challenge. Bottlenecks in the enabling environment include the difficulty of accessing small and dispersed island populations, inadequate monitoring of adherence to national standards, and insufficient advisory/pedagogical support to disadvantaged schools.

8. The most critical child protection issues include violence against children and drug abuse among adolescents. Studies reveal that there is a clear correlation between youth unemployment and the abuse of drugs and high rates of juvenile crime.[20] Low rates of educational achievement coupled with limited access to career guidance and life skills predispose children to delinquent behaviours and crime. For instance, 61 per cent of juvenile offenders reported to the Juvenile Justice Unit (JJU) were school dropouts, with 40 per cent of the cases related to drugs and another 18 per cent linked to violent assaults.[21] Gang violence is on the rise and becoming more brutal. There is growing evidence that a number of children involved in criminal behaviour were first in contact with the system after themselves having experienced violence. Limited access to recreational and sports opportunities is also considered a contributor to the increase in adolescent drug abuse. The preliminary results of the National Drug Use Survey — Maldives

[16] School Statistics 2014, Ministry of Education, Maldives, 2014.
[17] *MHDR 2014*.
[18] "Human Capital for a Modern Society: General education in the Maldives — An evolving seascape", World Bank, 2012.
[19] School Statistics 2014, Ministry of Education, Maldives.
[20] National Drug Use Survey (NDUS) — Maldives 2013, United Nations Office on Drugs and Crime, and *MHDR 2014*.
[21] Administrative data, Juvenile Justice Unit, Maldives 2014.

2011/2012 show that 48 per cent of drug users in Malé are aged 15 to 19 (compared with 18 per cent in the atolls).[22]

9. Violence against children exists in the home, school and community. A 2009 study indicated that 28 per cent of boys and 19 per cent of girls under age 18 have experienced emotional or physical punishment at some point in their lives.[23] Nationally, 15 per cent of children attending secondary school reported that they had been sexually abused at least once, with prevalence rates among girls double that among boys. The southern region has highest rate of unregistered births (14 per cent), highest teenage childbearing rate (3.2 per cent) and the largest cohort of children engaged in economically productive work (54.5 per cent). According to the Assessment of the Alternate Care Institutions for Children (Ministry of Gender and Human Rights, 2013, unpublished), 35 per cent of children are from the southern region. Child protection systems mapping and assessment identified multisectoral systemic and enabling environment issues such as lack of comprehensive legislation, tools and protocol and implementation guidelines, and weak coordination mechanisms. Supply bottlenecks include lack of institutional and human capacity and intersectoral mechanisms to provide an efficient and timely response to violence against children, including in humanitarian settings; and lack of quality standards and adherence to existing procedures, which limit the quality of care. Demand-side barriers include discriminatory attitudes by communities towards children who have experienced sexual abuse, lack of awareness and the widely accepted belief that issues related to sexual abuse these are "family issues". Important pieces of legislation such as the Juvenile Justice Bill and the Child Rights, Child Care and Protection Bill are still pending, while enforcement of the Law on the Protection of the Rights of the Child (Law No. 9/91) and related provisions in existing legislation is weak. Foster care is constrained by the lack of families willing to take on older children.

10. As the State party Report (2012) noted, children with disabilities continue to face an array of obstacles and remain subject to discrimination. The Maldives Operational Review 2012 noted that teachers lack the skills necessary to work with children with disabilities and to detect learning difficulties among students.[24] The impact of poverty has been greatest on children, with 18 per cent of the poor being children.[25] Despite the country's achievement of "MDG Plus" status and the Government's establishment of a number of social protection programmes, there are bottlenecks to social inclusion. These are mostly due to a constrained enabling environment, particularly weak generation, analysis and use of data and evidence to better target beneficiaries for social protection programmes. Supply bottlenecks include abolishment of the coordinating body (Department of National Planning, which housed the National Planning Council) in 2014, constrained capacity to analyse and use disaggregated data, including data to prepare and implement the humanitarian response. On the demand side, inadequate awareness of existing social protection programmes limits the ability of disadvantaged groups to make claims.

[22] NDUS Maldives 2013.

[23] "National Study on Violence against Children in the Maldives", UNICEF (unpublished, 2009).

[24] *ICPD Beyond 2014, Maldives Operational Review 2012*, United Nations Population Fund and Department of National Planning, Maldives, 2012.

[25] *Situation of Children in the Republic of Maldives: Secondary analysis of existing information from an equity perspective*, UNICEF, 2013.

11. Given the country's SIDS profile and the increasing evidence and impact of climate change, Maldives is highly vulnerable to natural hazards, particularly coastal flooding, storm surges and tsunamis. Land scarcity, coupled with limited utilization options and a growing population, also contribute to the country's vulnerability to multiple hazards. Bottlenecks to improving the country's readiness to deal with disasters include the absence of a child-sensitive legal, policy and institutional framework for disaster risk reduction and management, and in particular for climate change adaptation, coupled with weak institutional capacity.

12. Both the midterm review and a recent evaluation of UNICEF country programme strategies[26] noted that, despite an overly ambitious programme design and the shift to upstream advocacy in a challenging political environment with major fiscal challenges, the collaboration was able to influence the Government. This was achieved through systematic, evidence-based advocacy to prioritize a child-centred equity agenda. Key lessons from the last country programme that guided the design of the 2016-2020 programme include: (a) sustained engagement with the Government to leverage evidence, policies, programmes and budgets to close equity gaps is critical to the mandate of UNICEF in a middle-income country context; (b) intersectoral collaboration among key social sectors is crucial in tackling common barriers to addressing the deprivations that children face. For instance, for the Ministry of Education (MOE), Ministry of Law and Gender (MOLG), Maldives Police Service (MPS) and JJU, working together was more efficient and effective in addressing child protection issues; (c) reinforcing strategic partnerships between the Government and civil society organizations, enhanced capacity for social accountability, monitoring and reporting on equity in service quality and coverage.

Programme priorities and partnerships

13. The overall goal of the country programme is to support the Government of Maldives to reduce inequities and disparities and achieve the progressive realization of the rights of all children, especially the most vulnerable. In line with the national development priorities of the country, UNICEF contributes to the United Nations Development Assistance Framework (UNDAF) 2016-2020, particularly Outcome 1: *Children and youth access and use equitable, inclusive and quality social services, and have increased opportunities for skills development*. In line with the UNICEF Strategic Plan 2014-2017, the programme will leverage the organization's convening role to build partnerships with key social sectors and partners at all levels. The programme design adopts an evidence-based, policy advocacy and institutional strengthening approach in addressing the barriers that affect the most disadvantaged.

14. Partnerships with various entities will be developed in order to leverage resources and results for children: (i) United Nations agencies under the UNDAF, for instance, with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in promoting vocational skills development for out-of-school adolescents; the World Bank in social protection systems and public expenditure reviews; the World Health Organization (WHO) and the United Nations

[26] *Evaluation of UNICEF Strategies in Addressing issues Affecting Women and Children in the Maldives*, 2015, UNICEF Maldives.

Population Fund (UNFPA) in health systems strengthening; and the United Nations Development Programme (UNDP) in environment and climate change issues; (ii) non-governmental organizations (NGOs) to support strengthening systems at the local island level, monitor and report on results; and advocate for the rights of children; (iii) private sector for policy advocacy and leveraging resources, tapping into the country's profitable tourism industry to increase results for children; and (iv) other government entities to help to promote an equity agenda for children. The country office will also develop and implement a strong resource mobilization strategy that focuses on private sector partnerships.

15. The country programme will incorporate gender equality and implement the UNICEF Gender Action Plan by addressing social and cultural norms with corresponding interventions using an equity-focused approach. The country programme will focus on two outcomes, as stipulated in the text that follows.

16. Outcome 1: Inclusive, equitable and quality social services for children (and adolescents), especially the most disadvantaged and vulnerable are improved by 2020.

Child health, nutrition, and HIV and AIDS

17. The UNICEF focus in this programme area will cover neonatal and child health and development, and child, adolescent and maternal nutrition. This is consistent with both national priorities and responses aimed at reducing malnutrition, neonatal mortality and child morbidity rates, with a focus on high-prevalence regions. Output results include: (i) a comprehensive mechanism for child and adolescent nutrition interventions strengthened, especially in regions with high malnutrition rates; (ii) policies and strategies for implementation and monitoring of inclusive and equitable child health programmes developed and implemented.

18. The programme will focus on strengthening institutional capacity for child, adolescent and maternal nutrition interventions and integrating hygiene promotion and safe water use; developing policies, frameworks and capacity on neonatal and child health and immunization; and developing national systems to address micronutrient deficiencies and HIV and AIDS. Additionally, UNICEF will support systems strengthening for generation and use of disaggregated data, which will be used to monitor results and to inform gender-sensitive policies and strategies. Support will be provided to strengthen capacity and coordination for health emergency preparedness and response. UNICEF will partner with local NGOs to promote nutrition at community and family levels and advocate for quality services; and with WHO and UNFPA in health systems strengthening, newborn care and immunization.

Education and water, sanitation and hygiene

19. The focus in the quality education and water, sanitation and hygiene (WASH) programme emphasizes inclusive and alternative education for the most disadvantaged and vulnerable children and adolescents, consistent with government education policies and priorities of addressing the poor quality of education at all levels. The correlation between poor educational achievement and delinquency and crime will be addressed through cross-sectoral linkages between MOLG and the Ministry of Youth and Sport (MOYS). In addition, support will be provided to MOE

to operationalize school improvement and the quality assurance and accountability framework (SIQAAF), and to institutionalize life skills at all levels of the national curriculum, and technical vocational education and training programmes at the lower secondary level. The priorities under this outcome include: (i) strengthen implementation and monitoring of an inclusive, child- and gender-sensitive curriculum; (ii) establish and operationalize an alternative education system for the most vulnerable children.

20. Partnerships will be enhanced with UNESCO (to promote vocational skills development for out-of-school adolescents) and the World Bank (to improve education quality). UNICEF will focus on strengthening institutional capacity for implementation of the SIQAAF, and generation and use of data for monitoring quality education, including learning achievements and education in emergencies. In partnership with the Ministry of Health (MOH), UNICEF will strengthen integration of hygiene and sanitation in educational settings. Further, partnerships will be developed with the private sector, particularly in skills development for out-of-school children. In partnership with the National Disaster Management Centre (NDMC), education sector planning and coordination in emergencies will be strengthened, to ensure continuation of quality education during emergencies.

Child protection

21. The child protection programme will aim to create a holistic child protection system at national and community levels to prevent, protect and respond to violence against children. Addressing the principal bottlenecks, the priorities include (i) child protection system effectively prevents and responds to violence against children and children in conflict with the law, and prevents drug abuse; and (ii) an effective national coordination and monitoring mechanism operational for timely response to violence against children and children in conflict with the law.

22. By adopting a systems approach, the programme will support the Government to establish a national multisectoral coordination mechanism to monitor the effectiveness of policies, programmes and services, and outline the accountabilities of duty-bearers across relevant sectors. In addition, it will strengthen institutional capacity at the national, atoll and community levels and create a framework for provision of psychosocial support to children who have experienced abuse. Furthermore, capacity will be strengthened at the MOLG and Family and Child Service Centres to establish a continuum of care. Institutions at island community level will be strengthened to address negative beliefs, attitudes and practices and build capacity for humanitarian response. Partnerships will be forged with NGOs to strengthen systems at the local island level, to monitor and report on results and advocate for children's rights; and with the private sector for policy advocacy and leveraging resources.

23. Outcome 2: Evidence generated for policy advocacy for inclusion in social services by 2020.

Social inclusion

24. The social inclusion programme includes a strategic approach to addressing multidimensional poverty and its attendant deprivations and vulnerabilities. The

programme aligns with the Government's focus on strengthening systems for social inclusion, which includes detailed analyses and use of disaggregated data for policy responses to child poverty. To achieve this, three outputs have been articulated: (i) Systems for generating evidence are strengthened at national and subnational levels for inclusive and equitable policies, plans and services, especially for the most disadvantaged; (ii) Social protection systems are strengthened to improve the focus on the most vulnerable, and (iii) Child- and gender-sensitive disaster resilience and climate change adaptation plans and programmes are institutionalized and operational at national and subnational levels.

25. The programme interventions will include strengthening national and subnational capacities for generation and use of data and evidence for policymaking, planning and programme development, and periodic analyses of data on inequities, including climatically vulnerable populations and advocacy on inclusive policies and strategies. Further, support will focus on institutional capacity for equitable social protection schemes with functional coordination and monitoring mechanisms. Additionally, the programme will promote child and gender-sensitive resilience and climate change adaptation, notably by supporting the integration of child-centred, multi-hazard risk assessments into development plans at national and local levels. It will also support establishment of a national council to promote and monitor national policies and programmes on disaster and climate resilience. Partnership will be sought with the World Bank to strengthen social protection systems and conduct public expenditure reviews, working with the National Social Protection Agency and the National Bureau of Statistics (NBS).

Choice and mix of strategies

26. While the country programme utilizes a combination of sectoral and intersectoral approaches, it is conceived as an integrated whole, with each sectoral component incorporating good practices and initiatives for scale up. Each outcome contributes to the relevant UNDAF outcome area and the UNICEF Strategic Plan 2014-2017. The interventions seek to influence actions at national and subnational levels of Government with an emphasis on equity. A human rights-based approach and gender lens have been used in the development of this programme and will be applied in its implementation.

27. Key implementation strategies include capacity development aimed at strengthening institutional and human capacities, evidence generation and use for advocacy and policy dialogue, and integration and cross-sectoral linkages employed to create programmatic synergies and systems for holistic results for children. In addition, South-South and triangular cooperation will be facilitated to share best practices and promote learning. A strong focus will also be placed on the identification and promotion of innovation, especially in reaching marginalized and disadvantaged small populations in remote islands. Finally, the country programme will focus on creating strategic partnerships with the private sector, particularly the tourism industry, for technical and vocational skills development and adoption and monitoring of child rights business principles.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health, nutrition and HIV/AIDS	1 085	1 054	2 139
Education and water, sanitation and hygiene	616	1 628	2 244
Child protection	1 079	1 200	2 279
Social inclusion	944	889	1 833
Cross-sectoral	525	252	777
Total (rounded)	**4 249**	**5 023**	**9 272**

Programme and risk management

28. This country programme document outlines the contributions made by UNICEF to national results for children in Maldives. It serves as the primary unit of accountability to the Executive Board for alignment of results and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures. Through the harmonized approach to cash transfers (HACT) framework, UNICEF will focus on ensuring a risk-informed programme and an emphasis on programme monitoring.

29. In recognition of the country's middle-income status, management of the programme is firmly anchored in an upstream strategy that underscores all component results. The programme is results-based, which corresponds to the importance the Government places on achieving results, as embodied in the UNDAF. The programme approach facilitates inter-agency coordination through the mechanism of the UNDAF Steering Committee (co-chaired by the Ministry of Foreign Affairs (MOFA) and the Resident Coordinator's Office), and four Outcome Technical Committees organized under the following outcome areas: children and youth; gender; governance; and environment and climate change. UNICEF co-chairs outcome 1 (children and youth) with MOE and MOYS. UNICEF will promote integration of sectors and activities through joint programming, and monitoring by the Government and concerned United Nations agencies. The management approach also recognizes the decentralized governance structure in Maldives, and will accordingly coordinate its programmes at the atoll and island levels.

30. The principal risks fall largely in the area of governance. Frequent changes in Government and a decentralization programme that appears to have an unclear future have left accountabilities among and between national-level actors and devolved governments unclear. As a result, the implementation of policies and programmes, especially for the most vulnerable populations, is often constrained. Policy inconsistencies have resulted in an untapped potential for corporate social responsibility by the private sector, while the significant increase in public debt and deficit is deemed to have an impact on budget allocations, which affects all Maldivians — especially those most vulnerable. At just 1.5 metres above sea level, the country is always one major storm away from significant adversity and possibly

a major disaster. Mitigation measures include: monitoring of results and sustained evidence-based advocacy with policymakers; promotion of partnerships, particularly with the private sector and coalitions at all levels of Government that support the achievement of equitable outcomes for children; diversifying and leveraging funding sources; closely monitoring implementation of the HACT; continuous monitoring of results through field visits and periodic reviews and evaluations; and strengthening risk-informed development planning, including early warning mechanisms, emergency preparedness and response.

31. The United Nations country team will establish relevant mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF. To operationalize the country programme, annual workplans will be developed together with government partners and, where appropriate, jointly with other United Nations agencies.

Monitoring and evaluation

32. Systematic analysis and monitoring of the rights of children is a critical element in the country programme planning-to-learning and knowledge management cycle. It will further collaboration with the existing structures and institutions, such as the NBS, the relevant ministry departments of planning, and academic institutions such as the Maldives National University. Evidence for policy dialogue with partners will be generated from research and analysis of bottlenecks, sector assessments and updates to the situation of children, as well as from performance monitoring. Engagement by UNICEF partners at the national and subnational levels in programme planning, implementation and monitoring is intended to develop their capacities for social accountability for child rights, particularly among the most vulnerable.

33. Data from the 2014 census, the 2016 Household Income and Expenditure Survey, the 2015 Demographic and Health Survey, the MaldivInfo database and other administrative sources will be strengthened and mined to profile the deprivations faced by children and leverage national resources to close the equity gaps.

34. The Monitoring Results for Equity System will be used to systematically monitor the situation of children and adolescents and reduction of disparities and inequities, including bottlenecks that hinder the achievement of results. In close collaboration with the MOFA under the UNDAF, and with key line ministries, regular programme reviews will be conducted to identify progress and barriers and make adjustments.

35. In alignment with the UNDAF, the Integrated Monitoring and Evaluation Plan will identify and track studies, surveys and evaluations. Together with the UNDAF Steering Committee and technical groups, UNICEF will monitor the UNDAF and its outcome results, and report on its contribution in coordination with partners. A fully costed Evaluation Plan is annexed to this CPD. The programme will track and document progress against planned results through annual and midterm reviews.

Annex

Results and resources framework

Maldives-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Education: articles: 28 & 29: Health & social security: 6, 23-24, 26: Protection: 9, 19-20, 25, 33-34, 36-37, 39-40
Millennium Development Goals: 1, 2, 3, 4, 5 and 7
Global/Regional Partnerships: A Promise Renewed (child survival); Every Newborn action plan; Rome Declaration on Nutrition;
South Asian Association for Regional Cooperation (SAARC): South Asia Call for Action on Ending Violence against Children; SAARC Social Charter
National priorities: Government of Maldives Manifesto 2013

UNDAF outcomes involving UNICEF contribution:

- Outcome 1: By 2020, children and youth access and use equitable, inclusive and quality social services, and have increased opportunities for skills development.
  Outcome indicators[1]
  - % of children who are malnourished in the selected high-prevalence regions (National prevalence used as proxies)
    - i. Stunted under-five (U5): Baseline (B)= 18.9% , Target (T)= <15%
    - ii. Wasted U5: B= 10% U5, T= <5%
    - iii. Overweight/obese U5: B= 7%, T= <5%
    - iv. Overweight/obese adolescents girls aged 15–19 years: B= 23.5%, T= < 15%
  - Neonatal mortality rate: B= 6 deaths per 1,000 live births, T= 2 deaths per 1,000 live births
  - % children fully immunized for vaccine-preventable diseases mandated by the national immunization schedule: B= 93%, T= 98%
  - % of students passing five or more subjects in their secondary school completion examinations: B= 48% (2013). T= 60% (2020)
  - % of atolls with functional child protection systems: B= 0, T= 50%
- Outcome 2: By 2020, gender equality advanced and women empowered to enjoy equal rights and opportunities in access to social, economic and political opportunities.
  Outcome indicators
  - % of men and women who think that a husband or partner is justified in hitting or beating a wife or partner under certain circumstances: B= Men: 25.7%, Women:45.1%, T= Men: 20%, Women: 40%
- Outcome 3: By 2020, citizen expectations for voice, sustainable development, the rule of law and accountability are met by stronger systems of democratic governance.
  Outcome indicators
  - % increase in budget allocated for children by sectors: B= 0, T= 10%
  - Number of sectors with functional child-sensitive monitoring data systems: B=2, T= 9
- Outcome 4: By 2020, growth and development are inclusive and sustainable, increase resilience to climate change and disasters, and contribute to enhanced food, energy and water security and natural resource management
  Outcome indicators
  - Number of sectors that have DRR (disaster risk reduction), climate change adaptation and resilience integrated into relevant sectoral plans and/or strategies: B= 0, T= 7

[1] Maldives Demographic and Health Survey (MDHS), 2009.

Related UNICEF Strategic Plan outcome(s): Strategic Plan 2014–2017 Outcome 1: Health; 2: HIV; 3:WASH; 4: Nutrition; 5: Education; 6: Child protection; 7: Social inclusion							
UNICEF outcomes	**Key progress indicators, baselines[2] and targets[3]**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by CP outcome** *(in thousands of US dollars)*		
					RR	**OR**	**TOTAL**
OUTCOME 1: *Inclusive equitable and quality social services for children (and adolescents), especially the disadvantaged and vulnerable are improved by 2020*	1.% of children under five who are malnourished in selected regions with high prevalence of malnutrition. i. Stunted: U5. B= 18.90%, T= <15%. ii. Wasted U5: B= 10%, T= <5% iii. Overweight /obese U5: B= 7%, T= <5%. iv. Overweight/obese adolescent girls aged 15–19 years: B= 23.5%, T= <15% (National prevalence used as proxies)[4]	Monthly Reports; Health Management Information System; Demographic and Health Surveys	Comprehensive mechanism for child and adolescent nutrition interventions strengthened, especially in the regions with high malnutrition rates. Policies and strategies for implementation and monitoring of inclusive and equitable child health programmes developed and implemented.	NGOs/ community-based organizations (CBOs) for behaviour change communication in maternal and child nutrition; WHO on newborn care and immunization	**2 780**	**3 882**	**6 662**
	2. % of schools meeting quality standards consistent with child-friendly, inclusive gender-sensitive quality education. B= 5%, T= 40%	MOE/School Annual reports	Strengthen implementation and monitoring of inclusive, and gender-sensitive education.	MOE and Ministry of Environment and Energy on WASH; World Bank and MOE on quality education; UNESCO and			

[2] *Baselines are 2014 unless otherwise stated.*
[3] *Targets are for 2020 unless otherwise stated.*
[4] MDHS, 2009.

	3. % of out-of-school adolescents (girls and boys) completing alternative education programme. B= Girls: 0%, Boys: 0%, T= Girls: 50% Boys: 50%	Education Management Information System	Alternative education system for the most vulnerable children established and operational.	MOYS on alternative education for out-of-school children			
	4. Percentage of atolls with functional child protection system. B= 0% T= 50%	Sectoral Annual reports; Review reports	Child protection system effectively prevents and responds to violence against children and children in conflict with the law, and for prevention of drug abuse. Effective national coordination and monitoring mechanism operational for timely response to violence against children and children in conflict with the law.	Collaboration with CBOs/NGOs to support vulnerable children; partnership with MOLG, MPS, Atoll and Island Councils, JJU, and Juvenile Court, for prevention and responding to violence against children and children in conflict with the law.			
OUTCOME 2: *Evidence generated for policy advocacy for inclusion in social services by 2020*	1. Number of sectors with fully functional child-sensitive monitoring and data systems B= 2 (2015); T= 9	Sector agency reviews/ reports	Systems for generating evidence and monitoring are strengthened at national and sub-national levels for inclusive and equitable policies, plans and services, especially for the most disadvantaged.	Ministry of Finance and Treasury, Local Government Authority (LGA), NBS, MOE, MOH, MOLG.	**944**	**889**	**1 833**
	2. Percentage of vulnerable children and adolescents benefiting from social protection schemes. B=0%, T=40%	Survey reports Sector reports/ publications	Social protection systems strengthened to improve the focus on the most vulnerable.				

	3. Number and proportion of islands with child-centred disaster management (DM) plans. B= 12 (6%) (2015) T = 94 (50%)	Sector agency reports/ publications	Child- and gender-sensitive disaster-resilient and climate change adaptation plans institutionalized and operational at subnational levels.	LGA, NDMC, NGOs, relevant sectors, Atoll and Island Councils			
Cross-sectoral	Number of child-centred cross sectoral events B=3; T= 10	Annual reports	Media and partnerships established and effectively promote child rights with a focus on equity.	Media, private sector, NGOs, ministries and communities	**525**	**252**	**777**
TOTAL					**4 249**	**5 023**	**9 272**

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United Nations Children's Fund
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Item 4 (a) of the provisional agenda*

Country programme document

Guinea-Bissau

Summary

The country programme document (CPD) for Guinea-Bissau is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $12,855,000 from regular resources, subject to the availability of funds, and $64,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

* E/ICEF/2015/12.

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Programme rationale

1. For many years, Guinea-Bissau has been severely affected by recurrent political instability that has exacerbated extreme poverty and jeopardized the rights of children. The majority of the population (69 per cent) lives on less than $2 per day (World Bank, 2010). The population is estimated at 1.5 million (2009 census) and the fertility rate of 5.1 children/women is decreasing, but is still one of the highest in the region. Up to 90 per cent of the national budget is devoted to salary payments, leaving few resources for policymaking, programme implementation, improvement of infrastructure or service delivery at local level. Guinea-Bissau ranked 177th of the 187 countries on the Human Development Index (United Nations Development Programme (UNDP), 2014) and the country is lagging behind in the achievement of the Millennium Development Goals. In April 2012, a coup d'état reduced popular participation in politics and disrupted the policy and planning process, including the preparation of Priority Action Plans in the national Poverty Reduction Strategic Plan (DENARPII 2011-2015). While from 1997 to 2010, external resources had accounted for more than 40 per cent of total public revenues, major donors withdrew their assistance following the coup. In the absence of a democratically elected government, United Nations agencies, including UNICEF, extended their 2008 country programmes until 2015.

2. According to the Multiple Indicator Cluster Survey (MICS),[1] the under-five mortality rate fell from 116/1,000 live births in 2010 to 89/1,000 in 2014. The maternal mortality ratio of 900/100,000 live births is one of the highest in the world and reflects the severe deprivations and harmful practices that threaten the rights of girls and women. Forty-five per cent of births are attended by skilled health professionals. HIV prevalence is among the highest in West Africa at 5.3 per cent (ages 15-49); and the rate among pregnant adolescent girls aged 15-19 is 3.6 per cent (National Institute of Public Health, INASA, 2014). Measles vaccination coverage is currently 64 per cent and coverage of children fully immunized is 40 per cent. Malaria remains a prime cause of death for children under five, although recent data indicate a decrease in incidence from 37 per cent to 15.6 per cent as a result of increase in utilization of long-lasting insecticidal nets (LLINs) from 62 per cent to 79 per cent. Exclusive breastfeeding increased from 38 per cent to 53 per cent and stunting rates decreased from 32 per cent to 27.6 per cent. Open defecation practices have fallen from 21 per cent to 18 per cent. Encouraging results have been seen in early childhood care with increases in early learning (13 per cent) and pre-school attendance (29 per cent). However, the primary school net attendance rate decreased from 67.4 to 62.4 as result of recurrent teachers' strikes caused by non-payment of salaries, along with lack of investment in infrastructure and quality of learning. An estimated 44.2 per cent of children aged 6-11 are out of school and only 25 per cent of schools provide a full cycle of primary education. Primary-school-age children tend to enter the system late and drop out after grades 1 or 4. While the proportion of boys and girls attending primary education is the same, only 73.8 per cent of boys and 71.5 per cent of girls enrolled in the last year of primary continue on to secondary school.

3. Only 56 per cent of HIV-positive pregnant women receive antiretroviral treatment (ART) for prevention of mother-to-child transmission of HIV (PMTCT),

[1] Unless otherwise specified, the data presented are for 2010 and 2014, and are taken from MICS.

and HIV prevalence in adolescent pregnant girls is as high as 3.2 per cent (INASA). Only one in four adult ART sites provide paediatric treatment and care. Paediatric ART coverage is consistently under 8 per cent of those in need. Seventy-five per cent of the population has access to an improved water source (Millennium Development Goal target achieved) but hand-washing with soap is still not a standard practice (11 per cent) and the rate of improved sanitation is still very low (13.1 per cent). The poorest quintile of the population depends on unprotected water sources for half of its consumption needs. Although birth registration is free for children under 7, only 24 per cent of births are registered. An estimated 7 per cent of girls under 15 and 37 per cent (29 per cent in 2010) of those under 18 are married, 60 per cent of them to men at least 10 years older. Up to 50 per cent of girls under 14 in the poorest segment of the population have undergone female genital mutilation/cutting (FGM/C), although only 13 per cent of women believe FGM/C should continue.

4. For the 2008-2015 country programme all programme sections contributed to the introduction of community-based approaches such as child friendly schools (CFS), integrated community case management, community-led total sanitation (CLTS), strengthening networks of people living with HIV and AIDS, contributing to better programme effectiveness, and reducing barriers and bottlenecks impeding full realization of child rights. Joint advocacy and communication interventions reinforced progress in programme sectors, enhanced opportunities to address emergency situations, such as Ebola virus disease (EVD) prevention and preparedness. Given the country's proximity to affected countries, the Government drew up an EVD prevention and response plan and, by the end of May 2015, no cases of EVD had been reported. UNICEF promoted EVD preparedness and prevention, as well as safe sanitation and hygiene practices that can also help to mitigate the impact of endemic cholera outbreaks.

5. In June 2014, legislative and presidential elections returned the country to constitutional rule. The newly elected Government issued the Strategic Operational Plan (SOP) and Vision 2025 as a roadmap for leading the country along the path to unity and prosperity. In 2014, the Republica di Mininus Hoje (RdMH) movement, involving 350 children and youth groups, campaigned to put child rights at the centre of the development agenda. All political candidates signed the manifesto and after elections the President of the Republic, the Speaker of Parliament and the Prime Minister signed a proposal from RdMH for a National Child Rights Agenda that will inform the planned constitutional review. These positive developments have created a window of opportunity for increasing accessibility and equity in the provision of basic services and greater capacity of Government, civil society, communities and families to protect children's rights. UNICEF will seize opportunities to mobilize a broad alliance for child rights and use its comparative advantage in communication for development (C4D) to enhance the life skills and knowledge of children and their families.

6. The 2015 Situation Analysis adopted a life-cycle approach that will enable an increased focus on equity programming for and with adolescents, ensuring that development gains achieved in the first decade of life are sustained in the second decade and that gender differentials in adolescent outcomes are addressed. The experience gained in intersectoral programming will be relevant to the progressive decentralization planned by the Government to ensure convergence of sectoral interventions at local level. To achieve the ambitious targets outlined in SOP-Vision

2025 and the Post-2015 Development Agenda, and to bring vulnerable children and adolescent boys and girls out of poverty and ensure their participation, accelerated and equitable access to high-quality interventions in health, nutrition, HIV and AIDS, water, sanitation and hygiene (WASH), education and protection need to be fast tracked.

7. The United Nations Development Assistance Framework (UNDAF) 2016-2020 calls upon UNICEF to accelerate the progress towards development targets by employing a set of strategies that feature a refocus on equity, gender equality, community empowerment, youth participation and promotion of human rights. The programme will adopt the equity strategy to promote the rights of every child in all regions of the country, in close collaboration with partners. Innovations and lessons learned from downstream work will be used to inform policymaking and implementation of national sector reforms, ensuring that the rights of the most disadvantaged and excluded are properly addressed.

Programme priorities and partnerships

8. The UNICEF country programme is aligned with SOP-Vision 2025, which has six strategic axes: (i) good governance; (ii) human development; (iii) urban development; (iv) infrastructure; (v) industrialization; and (vi) biodiversity. The United Nations system aligned the UNDAF with the key strategic axes through four outcomes: (i) governance/security sector reform; (ii) human development; (iii) economic growth/poverty reduction; (iv) regional integration and disaster risk reduction. The UNICEF country programme is harmonized with UNDAF outcomes and will focus on the human development, governance and disaster risk reduction components to address inequities in child rights and foster gender equality.

9. Programme design, strategies and planned outcomes have been guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, the African Charter on the Rights and Welfare of the Child, A Promised Renewed and the Post 2015 Development Agenda. The programme contributes to the UNICEF Strategic Plan and Gender Action Plan 2014-2017.

10. *Child and maternal health and nutrition*: The health component will contribute to improving the quality and resilience of the health system, including at community level, particularly services for mothers and newborns during pregnancy, delivery and the neonatal period, and for boys and girls up to 59 months. Health sector operational plans, national supply chain and Health Information Management Systems will be further strengthened. UNICEF will work with Ministry of Health (MOH) to improve the accessibility and utilization of high-impact interventions with a special focus on maternal and neonatal health. Communicable and vaccine-preventable diseases, including the three main killers of children under five (malaria, acute respiratory infections and diarrhoea) will be prioritized. Regional planning and decentralized monitoring will be supported to ensure timely and reliable data to influence policymaking to reach the most vulnerable children and families. More than 4,000 community health workers will be empowered to strengthen integrated case management at community level and improve essential family practices. Community-based approaches supported by the convergence of relevant programme sections will expand their scope to include birth registration,

infant and young child feeding (IYCF) practices, use of LLINs, improvements in immunization coverage, greater availability and use of improved WASH facilities, and scaled-up PMTCT and paediatric AIDS coverage. Similarly, strategic partnerships will focus on advocacy for a new health policy, including establishing a community subsystem with a focus on improved health sector coordination and decentralization. Technical assistance will be provided to ensure social budgeting for mother and child health.

11. The nutrition component will align with the Scaling up Nutrition (SUN) movement and the Nutrition National Strategic Plan 2015-2019 to contribute to reduction of all forms of undernutrition, morbidity and mortality among under-five children. The strategic focus will be on the 1,000-day window including pregnancy and before a child turns 2, and nutritional care of pregnant and lactating women. As nutrition sector lead, UNICEF will provide advocacy support to the national nutrition service and government actors for adoption of the International Code of Marketing of Breast-milk Substitutes, the law for universal salt iodization and the Multisectoral Platform for Nutrition coordinated by the Prime Minister. The prevention of chronic malnutrition will be an entry point for integrated interventions in health, WASH, education, and HIV and AIDS prevention. Improved IYCF and the promotion of growth development will be integrated in C4D activities. Biannual supplementation and deworming campaigns will be integrated with other key health interventions. The programme will also promote strategies for increasing national and community-based capacity to implement the protocol for the Integrated Management of Acute Malnutrition (IMAM). This includes improvements in community screening and increases in coverage of IMAM treatment centres as part of community-based approaches. The programme will strengthen multisectoral, evidence-based interventions to prevent micronutrient deficiencies and reduce the double burden of undernutrition and obesity among children, adolescents and women.

12. *Children and AIDS*: Within the framework of the National AIDS Programme, UNICEF will support the health services in scaling up interventions along the continuum of HIV prevention, treatment and care, including increasing quality and coverage of PMTCT and paediatric AIDS services by improving clinical practices and facilitating enrolment and retention in ART for children, adolescents and adults. Access to HIV diagnostics will be improved by promoting scale up of early diagnosis of infants born to HIV-positive mothers and introducing provider-initiated testing procedures for children and adolescents in general health care. UNICEF will contribute to a multisectoral approach, promoting nutrition and other HIV-related conditions as entry points for the integration of paediatric AIDS services into regular health care. The aim is to ensure that all children with HIV-related conditions have access to HIV testing and ART. UNICEF will continue to support networks of people living with HIV to counter stigma and discrimination and promote access to and retention in ART. The programme will support gender-sensitive interventions to address the prevention, treatment, care and support needs of adolescents. Special attention will be placed on adolescent girls, establishing or strengthening linkages with other sectors to address the gender determinants of HIV prevalence, and creating an enabling environment to support HIV and AIDS results across the first two decades.

13. *Water, sanitation and hygiene*: To accelerate the elimination of open defecation, CLTS and sanitation marketing will be scaled up to reach half of the

nation's communities. Sustainable and equitable scale up of hand-washing with soap will be further promoted, including support to community-based management of water sources and related supply-chain. To improve the accessibility and consumption of safe drinking water, household water treatment and safe storage will be promoted. National norms, standards and monitoring will be adapted and applied in support of the scaling up of WASH services in communities, schools, and health and nutrition rehabilitation centres. Environmental management principles will be applied to ensure that interventions are compliant with international norms. The programme will support early warning and early actions by setting up coordination mechanisms for disaster risk reduction (DRR) and emergency responses, particularly for the prevention of cholera and EVD. UNICEF will explore ways of aligning DRR and community resilience approaches with the ecological priorities outlined in SOP-Vision 2025, with an appropriate focus given to climate change.

14. *Education equity and quality*: The programme will ensure that all children in every region have access to inclusive and comprehensive education services. Priority will be given to entry into primary school at the right age, increased primary school retention, completion rates and transition to secondary education, especially for girls in areas with high rates of child marriage. UNICEF will assist the Ministry of Education (MOE) to implement the National Strategic Plan (2016-2025). UNICEF will also work with the MOE to develop a comprehensive regulatory framework for early learning and school readiness, and to strengthen data-col'ection systems in central and regional offices. There will be an increased focus on data collection, advocacy and strategy development for education and protection of out-of-school children. The child-friendly schools plus (CFS+) approach will be piloted and mainstreamed in the education system, with an emphasis on getting local communities and parents involved in schools management.

15. *Child protection*: This component will contribute to strengthening the national child protection system, including laws, policies, regulations, services and capacity across relevant social sectors and informal systems. UNICEF will promote active stakeholder involvement in upstream support for adoption of a National Child Protection Policy and a Child Protection Code harmonized with the Convention on the Rights of the Child and aligned with the National Agenda for Children. Under the UNDAF rule of law agenda, the programme will liaise with development partners to improve justice and security sector systems that protect the rights of children. The programme will seek to end impunity for crimes against children, advocating for alternatives to custodial sentencing while strengthening capacity to improve local-level family services, referral mechanisms and case management. UNICEF will support the national assessment of civil registration and vital statistics (CRVS) and an action plan to address the low birth registration rate (24 per cent) and strengthen routine services nationwide, with innovative engagement of the justice, health and education sectors. Since protection-related risks are exacerbated by negative social norms, harmful practices and discriminatory gender dynamics, evidence generation, sector coordination and collaborative frameworks such as the UNICEF/UNFPA (United Nations Population Fund) Joint Programme will be streamlined to address and accelerate positive social transformation for the abandonment of FGM/C, child and forced marriage and other socially condoned forms of violence against children, including trafficking, sexual and economic exploitation and abuse. Community-level service delivery will be piloted to provide

evidence to further inform policy development. Efforts will be made to capitalize on existing community programmes, including particular attention to children with disabilities and orphans, and ensuring that adolescent girls have access to resources to protect themselves from violence, exploitation and abuse.

16. *Advocacy, communication and partnerships*: To drive change for children, UNICEF will foster open dialogue on child rights among decision makers, partners, children, adolescents and communities. Communication and public advocacy will be strengthened to support programme results achievement, in close relationship with the United Nations Communications Group. Building on the innovative advocacy efforts of the RdMH movement UNICEF will foster child, youth and citizen engagement to advocate and influence the highest levels of the State towards child-friendly policies and budgeting in line with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals. UNICEF will continue to capitalize on and widen the alliance for child rights through strategic partnerships for behaviour and social change, fostering innovations such as youth multifunctional centres that promote child and youth participation through combined local radio, Internet/social media platforms and social-cultural child rights promotion initiatives. In a country where harmful social norms, behaviours and practices hinder the achievement of results in all programme areas, UNICEF will enhance C4D approaches in each programme area to address such bottlenecks and barriers and to promote and accelerate the much-needed social transformation for full and equitable realization of children's rights. UNICEF will capitalize on established community-based networks and partnerships to leverage improved knowledge among individuals and communities, particularly women and girls, to promote essential family practices that strengthen resilience, life skills and the capacity of families and communities for better survival, development and protection of children.

17. *Planning, monitoring, evaluation and social policy*: Under SOP-Vision 2025 and the UNDAF, UNICEF will work to further address inequities, improve accountability and empower the most disadvantaged families to demand and access essential services. This will include strengthening the legislative, policy, strategic planning and evaluation framework for child rights, and the evidence base for inclusive pro-child policies and budgeting to reflect equity principles and promote child rights. UNICEF will use data and evidence to assist the country to develop and adopt a National Child Protection Policy and a Child Protection Code harmonized with the Convention on the Rights of the Child and relevant human rights standards. UNICEF will catalyse and join the efforts of other United Nations agencies and partners to better understand the patterns and drivers of child poverty and inequity, in order to develop effective and child-sensitive social protection systems, reduce vulnerability and discrimination and strengthen resilience. The programme will strengthen national statistical capacity for evidence generation and the development of policies that promote equity; decentralized planning and monitoring tools. Together with the United Nations country team support will be provided to planning authorities for development of national monitoring frameworks, including for the Sustainable Development Goals. Monitoring systems will be improved to generate and analyse data on barriers and bottlenecks in order to enhance programming and advocacy for results. Technical assistance to the National Statistics Institute (INE) will continue for updating and optimization of GuineaBissauInfo, and for the

preparation of a new Situation Analysis on children and women in 2018. Evaluations are also planned for the child and maternal mortality reduction scale up plan, CFS, CLTS and the Joint Programme on FGM/C. RapidPro SMS technology will be used to improve effectiveness in programme delivery and scale up and foster the establishment of an innovation lab in partnership with key national academic and research institutes (INE, INASA and INEP (National Institute for Studies and Research).

18. The Government of Guinea-Bissau organized a round-table meeting in March 2015 to mobilize resources for SOP-Vision 2025. This was a major opportunity for the United Nations system, including UNICEF, to coordinate with the Government and leverage additional resources for the rights of children and women and to implement the UNDAF. UNICEF will continue to support the Government to mobilize and coordinate partnerships in the education, nutrition and WASH sectors, in line with the Global Partnership for Education (GPE), the SUN movement and the Sanitation and Water for All (SWA) initiative. Ongoing collaborations will be continued with Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for the introduction of new vaccines and acceleration of HIV and AIDS and malaria interventions and for support to health systems strengthening. Health sector partnerships with European Union (EU) will be expanded and consolidated with the H4+ initiative funded by Swedish International Development Cooperation Agency. Collaboration will be established with the Community of Portuguese Speaking Countries (CPLP) and the Economic Community of West African States (ECOWAS) to strengthen South-South and triangular cooperation in areas such as policy development and innovation in management information systems, including CRVS. Synergies will be also promoted with the African Union, the World Bank (WB), the African Development Bank (AfDB) and the United Nations Peacebuilding Fund to improve basic social services and human rights, and to foster community resilience and social protection. UNICEF will continue to maximise its partnerships with the National Committees while strengthening and exploring new partnerships with multilateral and bilateral donors. Advocacy for child rights will be prioritized with the United Nations Integrated Peacebuilding Office in Guinea-Bissau. Joint programmes with UNFPA on the acceleration of FGM/C abandonment and maternal and neonatal mortality will be enhanced, and with the World Food Programme (WFP), the Food and Agricultural Organization of the United Nations (FAO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on nutrition and gender-focused programmes. UNICEF will also work with the World Health Organization (WHO) and UNDP on DRR and social policy. Partnerships will be strengthened with civil society organizations, media, religious and academic institutions and the private sector to build capacity, deliver services and advocate for children's rights.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child and maternal health and nutrition	2 170	23 500	25 670
Children and AIDS	1 500	3 500	5 000
Water, sanitation and hygiene	900	11 440	12 340
Education equity and quality	800	15 000	15 800
Child protection	1 500	4 450	5 950
Advocacy, communication and partnerships	1 242	1 610	2 852
Planning, monitoring, evaluation and social policy	2 081	2 000	4 081
Cross-sectoral	2 662	2 500	5 162
Total	**12 855**	**64 000**	**76 855**

Programme and risk management

19. The Ministry of Economy and Finance (MEF) is the national coordinating body for the programme of cooperation. UNICEF will continue to support sectoral coordination mechanisms in education, WASH, nutrition, health, HIV and AIDS and child protection in collaboration with the Government and key partners, namely, AfDB, CPLP, ECOWAS, EU and WB, as well as bilateral partners, to assess results and identify best practices for scale up and mobilization of additional resources in line with global commitments.

20. UNICEF will work with parliamentarians to strengthen the legislative and social policy environment as an innovative and strategic transformation to enhance child rights, peacebuilding and social protection. A wider alliance for child rights will be consolidated in line with the RDMH movement, with children and adolescents as the main catalysts for peacebuilding and reconciliation. In response to the possibility of natural disasters, the main focus will be to enhance preparedness planning mechanisms, including business continuity plans, and to advocate for institutional and health system strengthening to ensure that the country is ready to respond to any major epidemics.

21. The country office will strengthen collaboration within the United Nations system in line with Delivering as One guidelines. Within the UNDAF agreed standard operating procedures, the focus will be reducing common costs and improving effectiveness in programme delivery through innovative joint annual workplans and programmes, including joint evaluations. The harmonized approach to cash transfers will be prioritized as a common framework to enhance programme effectiveness and efficiency and reduce transaction costs.

22. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level.

Monitoring and evaluation

23. The UNDAF workplan and review processes will be developed in close collaboration with other United Nations agencies and the Government. In addition to annual reviews of the UNDAF workplan, the United Nations agencies will conduct a mid-term review in 2018. UNICEF will work closely with MEF, INE and sectoral ministries to consolidate GuineBissauInfo, which has been designated as the main management information system to monitor and assess implementation of SOP-Vision 2025, UNDAF and progress towards the Sustainable Development Goals. UNDAF coordinating mechanisms, including working groups, will be established for each outcome area.

24. In partnership with national institutions, UNICEF will support decentralized government monitoring plans and applied research to improve programming for equity, address bottlenecks and achieve results. This process will be complemented by evaluations that will inform decision-making on policies in the areas of community health impact on child and maternal mortality, the Joint Programme on FGM/C, child protection, CFS, CLTS and DRR. The MICS and SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys will be also implemented.

25. UNICEF will work in all the country's regions to build capacity of the local structures of line ministries and monitor how and whether interventions are addressing the key supply and demand side bottlenecks. Data and evidence will stimulate strategic and operational decisions on programmes, policies and resource allocations required to strengthen results for children. The Integrated Monitoring and Evaluation Plan will ensure that research, evaluation and surveys are strategically selected.

Annex

Results and resources framework

Guinea-Bissau-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 1-4, 6-7,12,17,19-20, 24, 28-29
National priorities: SOP-Vision 2025; Nutrition Strategic Plan 2015-2019; Health Plan 2010-2018; Strategic Plan to Reduce Child and Maternal Mortality 2012-2015; WASH Plan 2010-2020; HIV/AIDS Strategic Plan 2015-2020; Birth Registration Plan 2010-2013; Strategy for FGM/C Abandonment, 2010-2015; Education Sector Plan, 2010-2013; Justice Sector Reform Programme 2015-2019.

UNDAF outcomes involving UNICEF:

- All citizens, especially the most marginalized and vulnerable, have equitable and sustainable access to and use of quality and appropriate health, nutrition, HIV/AIDS, WASH, education and protection services.
- The governance institutions and the security system ensure the strengthening of the rule of law, the protection of human rights, the participation and equitable access of populations to quality public services.
- Public institutions, civil society organizations and the private sector ensure promotion of sustainable management of environment and natural resources, prevention and management of disaster and risk.

Outcome indicators measuring change that includes UNICEF contribution: Children under one fully immunized; Percentage of children under five (U5) sleeping under LLINs; Percentage of U5 children with diarrhoea treated with oral rehydration salts and zinc; Percentage of U5 children with pneumonia treated with antibiotics; Rate of deliveries attended by skilled health worker; U5 children stunting rate; Percentage of U5 children with global acute malnutrition; Percentage of pregnant women with access to antiretrovirals (ARVs); Percentage of HIV+ children on ART; Percentage of youth (15-24) with comprehensive knowledge on HIV/AIDS prevention; Percentage of population practising open defecation; Percentage of population using safe drinking water; Net enrolment rate; Adult literacy rate; Percentage of U5 children registered; FGM/C prevalence (15-49); Framework for social protection implemented; Consolidated GuineaBissauInfo on Sustainable Development Goal targets; Number of laws harmonized with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities; Percentage of national budget allocated to education and health.

Related UNICEF Strategic Plan outcome(s): Health, nutrition, HIV/AIDS, WASH, education, child protection and social inclusion

UNICEF outcomes (2020)	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs (2020)	Major partners, partnership frameworks	Indicative resources by country programme outcome *(in thousands of United States dollars)*		
					RR	***OR***	***Total***
Child and maternal health and nutrition: *Improved and equitable access to and use of health and nutrition interventions to increase survival of mothers and newborns during pregnancy, delivery and neonatal period, among boys and girls aged 0 to 59 months, including in emergencies.*	*Percentage of U5 children treated for malaria and diarrhoea* ***Baseline**: malaria 28%, diarrhoea 55%* ***Target**: 80% (malaria and diarrhoea)* *Percentage of fully vaccinated infants* ***Baseline**:40%* ***Target**:80%* *Percentage of births attended by skilled health worker* ***Baseline**:45%* ***Target**:60%* *Percentage of children U5 stunted* ***Baseline:** 27.5%* ***Target:** 23%* *Percentage of children U5 with global acute malnutrition* ***Baseline:** 6%* ***Target:** 5%* *Percentage of children exclusively breastfed* ***Baseline:** 53%* ***Target:** 70%*	*MICS, SMART*	***Output 1**: A comprehensive integrated package of health services including communities scaled up in all health regions with priority for the most disadvantaged populations, including in emergencies;* ***Output 3**: Increased access and use of package of interventions to reduce acute and chronic malnutrition and micronutrient deficiencies in pregnant and lactating women and U5 boys and girls in most affected areas, including in emergencies;*	*MOH, INASA, United Nations agencies, Gavi, the Vaccine Alliance, EU, GFATM, non-governmental organizations (NGOs)*	2 170	23 500	25 670

Children and AIDS: *Increased access of children, adolescents and women to quality services to reduce risk of HIV transmission and improve health and development outcomes for people living with HIV.*	*Percentage of HIV-exposed newborns who are HIV free* **Baseline:** *N/A* **Target**: *95%* *Percentage of HIV+ children retained in ARV treatment* **Baseline**: *4.5%* **Target**: *50%* *Percentage of adolescent girls who test positive for HIV* **Baseline**: *3.6%* **Target**: *< 3%* *Percentage of HIV+ pregnant women who receive ARVs* **Baseline**: *56%* **Target**: *80%*	*National statistics* *Sentinel surveillance*	***Output 1***: *The National AIDS Programme has the capacity to conduct programme planning, monitoring and evaluation to fast track HIV and AIDS results* ***Output 2***: *All health facilities have the capacity to deliver quality HIV and AIDS services for pregnant women, children and adolescents throughout the continuum of prevention, treatment and care.* ***Output 3***: *Adolescent girls and boys have access to knowledge, skills and commodities to protect themselves from HIV, including easy access to HIV counselling and testing.*	*National AIDS Service/MOH United Nations agencies, GFATM, NGOs*	1 500	3 500	5 000
Water, sanitation and hygiene: *Improved and equitable use of safe drinking water, improved sanitation and good hygiene practices in the most vulnerable communities, schools, health centres and nutritional rehabilitation centres,*	*Percentage of households accessing safe drinking water* **Baseline:** *75%* **Target**: *80%* *Percentage of the population practising open defecation* **Baseline**: *18%* **Target**: *10%* *Percentage of households adopting hand-washing with soap* **Baseline:** *11%* **Target**: *20%*	*MICS*	***Output 1***: *Improved facilities, services and capacities provided for children and families leading to sustained and equitable use of safe drinking water, adoption of adequate sanitation and good hygiene practices focusing on areas with lowest coverage.* ***Output 2***: *Increased national capacity and strengthened political commitment and accountability to implement*	*Ministry of Natural Resources, MOE, MOH; INASA, NGOs United Nations agencies; AfDB; EU, WB*	900	11 440	12 340

including in emergencies.			*national WASH policies.*					
Education equity and quality: *Increased rate of completion of a full cycle of quality primary education among children of primary school age.*	*Primary completion rate* **Baseline:** *75.7% (72.4 % boys; 79.8% girls)* **Target:** *95% for both* *Primary Net attendance rate* **Baseline:** *62.4% (62.4% boys; 62.3% girls)* **Target:** *90% for both*	*MICS*	***Output 1**: A regulatory framework that increases access to quality early learning and establishes standards of quality interventions in primary schools, according to the CFS framework, in place and interventions implemented.* ***Output 2**: A strategic framework for out-of-school children, based on equity and inclusion, developed, adopted and key interventions implemented.*	*MOE, United Nations agencies, GPE, NGOs*	800	15 000	15 800	
Child protection: *Child protection legal and policy framework enhanced and equitable prevention and response to violence, abuse, exploitation and neglect of children improved at central and decentralized levels*	*Percentage of women married by age 18* **Baseline**: *37%* **Target**: *25%* *Percentage of FGM/C (15-49)* **Baseline**: *45%* **Target**: *35%* *Birth registration rate of U5 children* **Baseline:** *24%* **Target:** *38%*	*MICS*	***Output 1**: National child protection policy in place and legislative framework to protect children from violence, abuse and neglect strengthened through the adoption of a national child protection code.* ***Output 2**: Capacity of child protection actors to prevent and respond to cases of violence against children strengthened at national and decentralized level and access of children and families to child protection*	*Social sector ministries, National Assembly, NGOs, religious, child and youth groups, United Nations agencies, EU, ECOWAS, CPLP*	1 500	4 450	5 950	

			services, increased.				
Advocacy, communication and partnerships: *Improved advocacy and strengthened support for children, youth, and communities to promote child rights, knowledge, behaviour and social change, community participation for adoption of essential family practices and use of available services, including in emergencies*	*Number of human rights international conventions, and reports ratified and approved* ***Baseline**: NA* ***Target**: Reports from the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women* *Existence of wide alliance of child rights partners* ***Baseline**: No* ***Target**: Yes* *Percentage of households that adopted essential family practices* ***Baseline**: NA* ***Target**: 50%*	*Reports of the Committee on the Rights of the Child*	***Output 1**: Capacity of Government, partners and communities, as duty-bearers, to protect and promote the rights of children and gender equality enhanced/increased* ***Output 2**: Essential family practices, education, parental skills and social norms promoted at community and household levels in all regions*	*Social sector ministries NGOs; National Child Parliament, National Assembly; Media; United Nations agencies; EU, African Union; private sector*	1 242	1 610	2 852
Social policy, planning, monitoring and evaluation *Improved policy environment and social protection systems for better realization of*	Number of policies and laws approved **Baseline**: N/A **Target**: 5 (Early childhood care and development, health, WASH, International Code of Marketing of Breast-milk Substitutes, Child Protection Code) Percentage of	*National Assembly reports* *Budget reports* *Annual reports*	***Output 1:** National and decentralized planning, monitoring, evaluation and child-friendly budgeting, policies and legislative framework implemented and consolidated.* ***Output 2**: Capacity of Government to test and scale up more inclusive*	*MEF; INE; INASA, INEP; United Nations; WB, EU, AfDB; NGOs; academic institutions*	2 081	2 000	4 081

child rights	national budget allocated to education, health and WASH ***Baseline***: 18% ***Target***: 35% Availability of a National Policy and Plan of Action for Children; ***Baseline***: No ***Target***: Yes		*social protection and resilience systems enhanced nationwide.*				
Cross-sectoral support					2 662	2 500	5 162
Total resources					**12 855**	**64 000**	**76 855**